

Urban District of Stanley

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ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(D. WALKER, Cert. R.S.H., A.R.S.H., M.A.P.H.I.)

1965

WAKEFIELD

W. H. MILNES (SUCCS.) LTD.

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STANLEY URBAN DISTRICT COUNCIL

* * *

Chairman of the Council :

Councillor J. Patterson, J.P.

Vice-Chairman :

Councillor R. E. Maw.

* * *

Public Health Committee :

Chairman : Councillor C. Earnshaw.

Councillor R. E. Maw.

Councillor E. R. Morrell.

Councillor R. Noon.

Councillor J. Patterson, J.P.

Councillor G. Teasdale.

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PUBLIC HEALTH OFFICERS

* * *

MEDICAL OFFICER OF HEALTH :—

Dr. A. L. Taylor, M.D., D.P.H.

SENIOR PUBLIC HEALTH INSPECTOR :—

D. Walker, Cert. R.S.H., M.R.S.H., M.A.P.H.I.,
Certified Inspector of Meat and Other Foods.

ADDITIONAL PUBLIC HEALTH INSPECTOR :—

J S. Hepworth, Cert. R.S.H., A.R.S.H., M.A.P.H.I.,
Certified Inspector of Meat and Other Foods.
(resigned June, 1965).

PUPIL PUBLIC HEALTH INSPECTOR :—

D. Powers (resigned September, 1965).

CLERK :—

Mrs. M. Wood.

STANLEY URBAN DISTRICT COUNCIL
ANNUAL REPORT
OF THE
Medical Officer of Health,
1965

Mr. Chairman, Ladies and Gentlemen,

It is with very considerable satisfaction that I present in this Annual Report the statistics relating to the health of your District during 1965, and the usual account of those services administered on behalf of the County Council in the Divisional area of which Stanley forms part. The continuing improvement reflects the continuance of material prosperity and the steady increase in the knowledge and practice of hygiene and preventive medicine. Particularly favourable is the Infantile Mortality Rate, which, this year, is the lowest ever recorded.

Infectious Disease was slight in incidence and mild in type. The number of admissions to Hospital for this type of illness continues to decrease and justifies the informed optimism which led to the closing of many small Infectious Diseases Hospitals some 20 years ago.

Progress in Slum Clearance is disappointingly slow. This is due to multiple difficulties, some of which are outside the control of your Council. It is, however, manifest to all that much new private housing development is taking place and is giving accommodation to over-spill population, more particularly from Wakefield, but also from Leeds and further afield. It seems certain that the population of your District is destined to grow through this medium for many years to come.

The Mental Welfare Training Centre at Rothwell is full to capacity and a waiting list is now in being. My forecast last year that an extension might be needed is now fully justified, and serious consideration will have to be given to this by the County Council in the near future.

I am happy to say that co-operation with my colleagues in general practice has become even closer during the year, and there is a free and friendly exchange of information on any matter relating either to the health of the community or to the health and wellbeing of the individual patient. In this field of co-operation the picture is a much happier one than existed when I first took up my appointment here, and I am certain greatly adds to the satisfaction which I derive from my work and has removed the sense of isolation of which one was formerly conscious from time to time.

In this Report I shall, as usual, include sections contributed by my Deputy, Dr. Bowker, and by the Senior Mental Welfare Officer, Mr. Emmerson.

It is my intention to press for the provision of Mini Clinics at Wrenthorpe, Kirkhamgate and Stanley. Of this I will say more later in the Report.

I am glad to have the opportunity of acknowledging the constant close and friendly co-operation and support which I get from the Clerk and Senior Public Health Inspector, and the staff of Stanley U.D.C.

Finally, I would like to express my appreciation of the kindnesses which I have received at the hands of the Council during 1965.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

STANLEY URBAN DISTRICT COUNCIL

STATISTICAL MEMORANDA FOR 1965

Area in Acres	...	...	...	6,270
Registrar General's Estimate of Population for 1965				18,520
Number of Inhabited Houses, 1965, according to Rate Book	...	...	...	6,402
Rateable Value, Year commencing 1.4.65		...		£363,278
Net Product of a Penny Rate, Year commencing 1.4.65				£1,404

VITAL STATISTICS IN 1965

			M.	F.	Total
Live Births.					
Legitimate	...	...	188	160	348
Illegitimate	...	...	4	8	12
	Total	...	192	168	360

Live Birth Rate per 1,000 population (adjusted) 19.2

Still Births.

Legitimate	...	...	3	1	4
Illegitimate	...	...	—	—	—
	Total	...	3	1	4

Still Birth Rate per 1,000 live and still births 11.0

Birth Rate (live and still) per 1,000 of the estimated resident population (adjusted) 19.4

Deaths.

			M.	F.	Total
All Ages	...	...	115	86	201
Death Rate per 1,000 of the estimated resident population (adjusted)	...				12.8

		M.	F.	Total
Deaths of Infants under 1 year	...	4	1	5
Death Rate of Infants under 1 year:—				
All Infants per 1,000 live births	...			13.9
Legitimate Infants per 1,000 legitimate live births	...			14.37
Illegitimate Infants per 1,000 illegitimate live births	...			0.0
Neo-natal Mortality Rate per 1,000 live births				11.1
Illegitimate live births per cent. of total live births				3.8
Deaths from Diarrhoea (under 2 years of age)				1
Rate per 1,000 population	...	...		0.05
Rate per 1,000 live births	...	...		2.8
Deaths from Measles (all ages)	...	...		0
Deaths from Whooping Cough (all ages)	...	...		0
Deaths from Cancer (all ages)	...	...		31

Maternal Mortality.

Deaths	...	...	...	...	0
Rate per 1,000 (live and still) births				...	0.0

RECORD OF DEATHS IN AGE GROUPS, 1965

Age		Males	Females	Total
Under 1 year	...	4	1	5
1—5 years	...	1	—	1
5—10 ,,	...	—	—	—
10—15 ,,	...	—	—	—
15—20 ,,	...	1	—	1
20—25 ,,	...	1	—	1
25—35 ,,	...	1	1	2
35—45 ,,	...	3	2	5
45—55 ,,	...	7	3	10
55—65 ,,	...	31	15	46
65—70 ,,	...	9	5	14
70—75 ,,	...	24	18	37
75—80 ,,	...	13	17	30
80—85 ,,	...	16	19	35
85—90 ,,	...	1	5	6
Over 90 years...	...	3	5	8
Totals ...		115	86	201

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1965

			Urban District of Stanley	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	18,520	1,229,010	502,090	1,731,100	*
Births	Live	..	360	22,095	9,368	31,463	*
	Still	..	4	381	130	511	*
	Total	..	364	22,476	9,498	31,974	*
Deaths of Infants	Under 1 week		4	261	102	363	*
	Under 4 weeks		4	315	123	438	*
	Under 1 year		5	464	188	652	*
Deaths (all causes)	..	..	201	15,153	4,968	20,121	*

CRUDE AND ADJUSTED RATES

Live Birth	..	..	19.4	18.0	18.7	18.2	18.0
Live Birth (adjusted)	..	..	19.2	18.3	18.1	18.4	—
Death (All causes)	..	..	10.9	12.3	9.9	11.6	11.5
Death (adjusted)	..	..	12.8	12.7	11.8	12.4	—
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.	..	—	—	0.03	0.05	0.04	*
Tuberculosis, Respiratory	..	—	—	0.03	0.04	0.04	0.04
Tuberculosis, Other	..	..	—	0.00	0.01	0.00	0.01
Tuberculosis, All Forms	..	—	—	0.04	0.04	0.04	0.05
Cancer	..	..	1.67	2.19	1.77	2.07	1.67
Vascular lesions of Nervous system			1.40	1.95	1.50	1.82	*
Heart and Circulatory Disease	..		4.81	4.83	3.62	4.48	*
Respiratory Diseases	..	..	1.19	1.39	1.07	1.30	*
Maternal Mortality	..	..	—	0.13	0.21	0.16	0.25
Stillbirths	..	..	11.0	17.0	13.7	16.0	15.7
Perinatal Mortality	..	..	22.0	28.6	24.4	27.3	26.9
Neo-natal Mortality	..	..	11.1	14.3	13.1	13.9	13.0
Infant Mortality	..	..	13.9	21.0	20.1	20.7	19.0

* Figures not available.

All the maternal mortality, still birth and perinatal mortality rates are per 1,000 live and still births.

COMMENTS ON STATISTICAL DATA

As I said in my opening remarks, the Infantile Mortality Rate at 13.9 is the lowest ever recorded. As I have already said, when dealing with a comparatively small total number of births, one or two deaths can make a very big statistical difference to the mortality rate recorded in any year. However, if you look at the Tables on page 13 you will see that the recorded decades show a constant, steady and satisfactory fall in the average for each 10 years.

The birth rate continues to rise, this being against the most recent National trends. The live birth rate at 19.4 per 1,000 will be seen to be higher than the National average and, indeed, of the average of Urban Districts as a whole. This factor is no doubt due to the continuing influx of young married couples to newly erected private housing estates in your area.

No maternal death was recorded and the general mortality rate of the population can be considered average and satisfactory.

I am very glad to record a decrease in the incidence of deaths from lung cancer. This year only 5 males and no female died from this source as against 15 total deaths in 1964.

No death was recorded from Infectious Disease.

**CAUSES OF DEATH IN THE STANLEY URBAN
DISTRICT, 1965**

CAUSE OF DEATH			MALES.	FEMALES.
	All Causes ..	..	115	86
1.	Tuberculosis, respiratory ..	..	..	..
2.	Tuberculosis, other ..	..	..	..
3.	Syphilitic disease ..	..	..	..
4.	Diphtheria ..	..	..	..
5.	Whooping Cough ..	..	..	..
6.	Meningococcal infections ..	..	..	..
7.	Acute Poliomyelitis ..	..	..	..
8.	Measles ..	..	..	..
9.	Other infective and parasitic diseases ..	..	..	..
10.	Malignant neoplasm, stomach ..	..	3	1
11.	Malignant neoplasm, lung, bronchus ..	..	5	..
12.	Malignant neoplasm, breast ..	..	..	6
13.	Malignant neoplasm, uterus ..	..	..	2
14.	Other malignant and lymphatic neoplasms ..	..	9	5
15.	Leukaemia, aleukaemia ..	..	..	..
16.	Diabetes ..	..	..	3
17.	Vascular lesions of nervous system ..	..	13	13
18.	Coronary disease, angina ..	..	35	18
19.	Hypertension with heart disease ..	..	3	2
20.	Other heart disease ..	..	8	16
21.	Other circulatory disease ..	..	5	2
22.	Influenza ..	..	..	..
23.	Pneumonia ..	..	5	7
24.	Bronchitis ..	..	6	2
25.	Other disease of the respiratory system ..	..	2	..
26.	Ulcer of stomach and duodenum ..	..	2	2
27.	Gastritis, enteritis and diarrhoea ..	..	2	..
28.	Nephritis and nephrosis ..	..	2	..
29.	Hyperplasia of prostate ..	..	..	..
30.	Pregnancy, childbirth, abortion ..	..	..	..
31.	Congenital malformations ..	..	..	..
32.	Other defined and ill-defined diseases ..	..	7	6
33.	Motor vehicle accidents ..	..	1	..
34.	All other accidents ..	..	5	..
35.	Suicide ..	..	2	1
36.	Homicide and operations of war ..	..	..	..
Live Births.	Total ..	..	192	168
	Legitimate ..	..	188	160
	Illegitimate ..	..	4	8
Still-Births.	Total ..	..	3	1
	Legitimate ..	..	3	1
	Illegitimate ..	..	..	..
Deaths of Infants under 1 year of age.	Total ..	..	4	1
	Legitimate ..	..	4	1
	Illegitimate ..	..	..	..
Population ..	..	..	18,520	
Comparability Factors :—				
	Births ..	..	..	0.99
	Deaths ..	..	..	1.18

INFANT MORTALITY IN 1965

Deaths from Stated Causes under One Year of Age

CAUSE OF DEATH.	Under 1 Week.				Total under 1 Month.				Total under 1 Year.			
	1	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	1	1	1	1
Enteritis (Bacterial Origin).	1	—	—	—	—	—	—	—	1	—	—	1
Prematurity.	1	—	—	—	1	—	—	—	1	—	—	1
Cardiac failure.	1	—	—	—	—	—	—	—	—	—	—	—
Lobar pneumonia.	1	—	—	—	—	—	—	—	—	—	—	—
Prematurity.	1	—	—	—	—	—	—	—	—	—	—	—
Premature Labour.	—	—	—	—	—	—	—	—	—	—	—	—
Maternal	—	—	—	—	—	—	—	—	—	—	—	—
Pyelonephritis.	—	—	—	—	—	—	—	—	—	—	—	—
Atelectasis.	—	—	—	—	—	—	—	—	—	—	—	—
Prematurity.	—	—	—	—	—	—	—	—	—	—	—	—
Ante-partum haemorrhage and Caesarian Section.	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	4	0	0	0	4	0	0	1	0	5		

INFANT DEATHS PER THOUSAND LIVE BIRTHS

1918—1925	1926—1935	1936—1945	1946—1955	1956—1965
	1926 98.3	1936 34.7	1946 31.7	1956 17.3
	1927 67.3	1937 29.4	1947 53.1	1957 20.2
1918 133.2	1928 81.1	1938 69.5	1948 32.3	1958 22.6
1919 104.3	1929 62.3	1939 42.9	1949 25.3	1959 39.1
1920 100.5	1930 65.8	1940 72.3	1950 43.0	1960 14.6
1921 98.0	1931 60.2	1941 37.8	1951 39.1	1961 18.2
1922 98.0	1932 84.5	1942 47.6	1952 33.3	1962 20.2
1923 87.3	1933 56.1	1943 54.2	1953 21.3	1963 25.4
1924 89.0	1934 85.0	1944 50.2	1954 48.2	1964 30.3
1925 103.0	1935 80.1	1945 45.0	1955 24.3	1965 13.9
Average— 101.7	Average— 69.1	Average— 48.4	Average— 35.2	Average— 22.2

Details of STILLBIRTHS
for the past five yearsDetails of NEO-NATAL
DEATHS for the past five years

Year	No. of Live Births	No. of Still- Births	Proportion of Stillbirths per 100 Live Births	Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1961	274	5	1.92	1961	274	3	1.1
1962	297	3	1.01	1962	297	5	1.68
1963	315	7	2.2	1963	315	6	1.9
1964	330	3	0.9	1964	330	9	2.7
1965	360	4	1.1	1965	360	4	1.1

GENERAL PROVISION OF THE PREVENTIVE MEDICAL SERVICES IN THE AREA

There have been the customary staffing changes amongst the three branches of the Domiciliary Nursing staff. In spite of over-all nursing shortages we have managed to maintain full staffing and count ourselves fortunate in so doing. The emphasis on Health Visiting is now becoming increasingly orientated towards the care of the elderly in the community whose numbers are increasing inexorably with the increased expectation of life. Originally primarily intended for the care of mothers and young children, the Health Visitor now finds herself to a much greater extent the guide, philosopher and friend to all age groups with the emphasis, still, on the extremes of life.

The Home Nursing service continues fully extended and there has, in recent years, been a considerable increase in the numbers of "heavy" nursing cases requiring such attention as weekly bathing, help with dressing, etc., etc. Not only is this physically heavy work but it is also very time consuming, and I am approaching the County Council to see whether a bathing attendant or attendants may not be appointed to release Home Nurses for the exercise of their proper skills.

Approximately 55 per cent. of all births now take place in Hospital but with the increasing practice of discharging the mother to her home 48 hours after her confinement, together with the high birth rate, the midwives find themselves fully employed and there is no evidence that the need for this Service is in any way diminished.

We are fortunate to have retained the services of the two Assistant County Medical Officers who are now so well known, both in the Clinics and the Schools, that they are regarded as members of the community. The longer service a Medical Officer gives to an area, the more valuable and detailed does his or her knowledge become. In addition, advice is much more readily sought from a known and trusted medical adviser. For their part the doctors derive increasing satisfaction from their work and feel that they are honoured and trusted friends.

The Ophthalmic Clinic work is up to date and I have managed to obtain one or two additional sessions which have helped to this end.

The Dental Service continues to be completely adequate. The proximity of Stanley Urban District to Wakefield gives easy access to the main West Riding Dental Clinic in Bond Street. In addition, some children receive treatment from the Dental Clinic at Rothwell.

Speech Therapists still remain impossible to obtain and there is no early likelihood of one being appointed. This is disappointing, but cases in serious need of speech therapy can obtain it at Hospitals either in the Leeds or Wakefield areas.

SCHOOL MEDICAL SERVICE

Dr. Bowker has been kind enough to contribute the following account of the School Medical Service and I know that you will find her remarks of the greatest interest.

"No one in intimate contact with the school population of the district can fail to be impressed by the general well-being of the children. The school doctors, by virtue of their appointment and the cordial welcome afforded by head-teachers and their staffs, have many opportunities of seeing pupils at work and play as well as in the private conditions of a school medical interview and examination. When they see class and playground groups, well-grown, well-nourished, in purposeful and enjoyable activity, the health of the children is manifest.

We expect our children to learn. But learning is a very complex process, not easy for any of us. It requires co-ordination of all our faculties and the will to strive. A child will not make the best progress of which he is capable simply by attending school, however the riches of education may be spread before him. No matter how skilful and resourceful a teacher may be, no child can give of his best if he is in a state of sub-health for any cause, if he is at low ebb with fatigue or distracted by worrying thoughts.

Good health, in all its aspects, remains the essential basis for good progress in the ordinary school. The medical examination of the school child continues, therefore, to be of prime importance. The pattern which has been rearranged over the past five years in your District is being implemented to the satisfaction of all and the selective examination of children in their intermediate years has now been recommended throughout the County area.

The proportionate numbers of children seen at the instance of medical officers, head-teachers and parents remain very similar to those of last year and do not, therefore, require to be detailed. Whilst selective examination is now the rule, it must be preceded by screening of all children in the chosen age groups, and followed up as long as proves necessary for the child's well-being. Most parents are very glad to have this opportunity. For the

school doctor it is a highly satisfying moment when she can record that no further special review is needed.

In the search for medical conditions which may interfere with school progress, the school nurses contribute by frequent school visits and by offering to all children tests of visual and hearing acuity at suitable intervals. The alertness and perseverance which this work demands should, I think, receive due acknowledgement. A second audiometer has now been added to our equipment and both are in almost constant use. For me, this refinement of technique is indicative of the discrimination which should be applied to all aspects of school health work.

Over the years I have become more and more convinced that children who are not fully integrated into their age-group in normal progressive school activity require study in depth. And this study must include the fullest medical assessment with its three-fold approach, mental, emotional and physical.

Increasingly, the child who needs to be helped is not necessarily one who is falling grossly behind his apparent level of ability (although some do), but one who could be released to full and happy school attainment, if only we can find the cause of his failure. Such a search requires time, experience and combined effort on the part of all who have the care of the child.

Children must not be allowed to go on failing in school. If success leads to success, failure is a canker which destroys self-confidence and leads to discouragement and disinclination to try to learn. This applies not only to children who need remedial treatment of many kinds, both medical and educational, but to those of more limited ability who, I am able to say, are being referred to the School Health Service at an earlier age than in the past. It requires considerable understanding on the part of parents to accept their child's mental limitations and to agree to special school placement. But if children can be given a school atmosphere in which they can enjoy the company of others at the same stage of intellectual and emotional maturity, positive qualities begin to emerge. In the words of Dr. Mary Sheridan, late of the Ministry of Health, "every week of special education is of priceless value to the child who requires it."

Behaviour difficulties in children are really only just beginning to receive the attention they should

have. The School Health Service can give constructive help here. I am glad to note that more parents are accepting guidance for their children and also guidance for themselves. One of the difficulties which Dr. Maxwell, our Child Psychiatrist, has to meet, however, is that some parents and children cease attendance too early. "He's all right now" may be too superficial a judgement on the part of a parent. No doctor, in any sphere of medicine, will continue treatment when a patient no longer requires it !

The child who "doesn't want to go to school" sometimes causes anxiety. If the school with all its attractions for the five-year-old, or nursery-school child does not win him quickly, parents, teachers and the school doctor should ask why ? Such a child may produce physical ailments and short absences tend to multiply, so that he falls behind his age-group.

For most children, school entry is a longed-for event. For some, it means difficult-to-bear separation from mother and home, especially when a younger child is left to receive maternal affection. For some mothers, too, this separation is quite distressing. Resistance to school should be tackled quickly. First, a physical examination is essential. If this is negative, once again a co-operative effort to find the cause or minimise the problem is called for. Sometimes, in the outcome, the difficulty can be resolved by the father taking the child to school for a few days; his more matter-of-fact handling of the situation may provide a settling effect.

It has been said that "one manifestation of any civilisation is the regard paid to its handicapped citizens." This, of course, applies equally to handicapped school children some of whom, because of major congenital or acquired disability, have to struggle long and hard to acquire skills which are normally taken for granted. The degree of concentration and courage which the majority of these children show in mastering or living with their defect is sometimes extreme. One such child who had endeavoured for years to put one foot before another replied to her mother who had said (as we all do), "I'm fed up." "Why do you say that ? you can walk." That was a lesson, indeed, for us all. This is no one way traffic for the school doctor who is responsible for recommending

special school placement and for reviewing needs and progress. I, personally, value the friendly association I have with these families and have learnt much from meeting them.

Apart from the severe congenital disabilities, it is encouraging to report, as one surveys the passage of the school community over several years, that the type of handicap has changed appreciably and in number shows significant diminution. Gone are the cases of tuberculous hip and spine; almost gone are the heart cripples, victims of acute rheumatism. I can remember a period in which rheumatic heart cases exceeded the number of children classed as 'delicate' in the area which I cover. The debilitating chronic chests diagnosed as 'bronchiectasis' have largely disappeared.

Little over a decade ago, 62% of physically handicapped West Riding children were classed as 'delicate' to the extent of requiring special educational provision, either for convalescence or for failing to make the physical grading of their age. This district has had its share of such children.

Now the Authority is able to state that the type of 'delicate' child referred for special educational treatment has altered considerably. Most of the children who now need help are the asthmatic sufferers whose progress is sadly impeded by frequent school absence. Whatever the cause of the asthma, these children, over a fairly long stay, improve remarkably in a changed environment, usually in the clear air of the limestone country at Ingleborough Hall. If they revert to some extent during the holidays no child is discharged until he is expected to cope in his home situation and surroundings. Parents would be advised to take stock of any adverse factors, whilst the child is away.

Deafness now heads our local list of physical handicaps. Most are cases of congenital deafness, which should be discovered at the earliest possible moment if the child is to learn to speak and enter fully into the life of his home and community. Deafness is a solitary deprivation which has not always received the sympathy attached to more obvious forms of disability. Such a child should be found very early in life and the medical staff in the clinics have been trained to recognise him, although this may require prolonged and patient investigation. Any parent who suspects this condition should ask immediately for help.

Acquired hearing impairment due to ear infection is still too prevalent, though school doctors rarely see the cases of chronic otorrhoea which were such a feature of pre-anti-biotic days. Some parents, however, still accept "the running ear" as an inevitable nuisance and fail to ask their family doctor for the help available. If not altogether preventable, the long-term effects of hearing loss can be so damaging that treatment and educational provision should never be delayed. I hope that the children with hearing impairment who can remain in the ordinary school will, before long, receive special educational guidance which, I am sure, would be welcomed by their teachers. They are already being listed with this hope in view.

As I take a long look back over the years of my own service, one of the triumphs of preventive medicine which gives me the greatest satisfaction is the total elimination of cases of severe paralysis due to poliomyelitis in the area which I cover. I recall several families, parents and children, who showed a very high degree of resolution and fortitude in face of what was a crippling act of fate. It took over thirty years of concentrated research in the laboratories of the world to make available in clinics and schools the medicated sugar which prevents maiming by that dread disease. No preventive measure has ever been easier. Yet, a few parents still refuse it for their children !

Childhood is, of course, a temporary phase in a lifetime. One of our endeavours, both medically and educationally, is to enable handicapped children to acquire, as far as possible, physical, economic and emotional independence. I hope that, presently, the school medical officer will be given the opportunity to bridge the transition from school life to young adulthood by prolonging the care and supervision of these children. Information of great value is stored in their case histories and should, in my opinion, be utilised as part of a continuing survey.

Recently, a child of six years old came up to me and said confidently, "I know you. You're our doctor. You belong to our school." These few simple words summarised for me the aims of our School Health Service.

In my interpretation of those aims I have been conscious of your generous support during our long association and I hope you will now permit me to express

to you my grateful thanks. I should also like to record my appreciation of the great kindness and co-operation which I have received from head-teachers, teaching and medical staff and parents over the years.

The rewards of the service are all around me in the children of "my" district. If I conclude by quoting the words of that inspired pioneer, Margaret McMillan, "True education recognises that the creative power is within that gives us all we possess---and it reveals itself in the healthy, the growing, the vigorous in whom the upward movement of life is not checked," it is because I, too, with my colleagues, feel assured that our efforts in this great progression have and will continue to have value and significance.

SCHOOL MEDICAL SERVICE
MEDICAL INSPECTION AND TREATMENT
1965

Age Groups Inspected (by year of birth)	No. of pupils who have rec- eived a full medical examination	Physical condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination
		Satis- factory	Unsatis- factory	
		No.	No.	
1961 and later	70	68	2	—
1960	538	532	1	—
1959	199	196	3	—
1958	175	175	—	191
1957	103	103	—	182
1956	26	26	—	27
1955	17	16	1	—
1954	210	209	1	200
1953	90	90	—	156
1952	4	4	—	—
1951	90	90	—	—
1950 and earlier	479	473	6	—
Total	1,996	1,982	14	756

PUPILS FOUND TO REQUIRE TREATMENT
(Excluding Dental Diseases and Infestation
with Vermin)

Age Groups Inspected (by year of birth)	For Defective Vision (exclu- ding squint).	For any other condition	Total individual pupils
1961 and later ...	1	5	6
1960 ...	14	106	119
1959 ...	9	56	65
1958 ...	5	26	31
1957 ...	3	19	22
1956 ...	4	1	5
1955 ...	12	19	31
1954 ...	7	23	29
1953 ...	8	7	10
1952 ...	—	1	1
1951 ...	9	12	21
1950 and earlier ...	28	62	85
Total ...	90	337	425

OTHER INSPECTIONS

Number of Special Inspections 104

Number of Re-inspections 69

173

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	17,328
Total number of individual pupils found to be infested	120
Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944)	...
Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944)	...

**DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR 1965**
PERIODIC INSPECTIONS

Defect or Disease.	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation
Skin ...	10	6	35	2	15	5	60	13
Eyes—								
a. Vision ...	26	19	24	32	40	42	90	93
b. Squint ...	16	9	1	—	2	1	19	10
c. Other ...	2	1	2	7	2	6	6	14
Ears—								
a. Hearing ...	13	7	3	2	14	12	30	21
b. Otitis Media	16	8	3	—	6	—	25	8
c. Other ...	2	—	1	1	3	1	6	2
Nose and Throat ...	24	16	3	1	15	13	42	30
Speech ...	2	19	—	1	10	12	12	32
Lymphatic Glands ...	—	4	—	2	—	—	—	6
Heart ...	2	6	1	7	—	4	3	17
Lungs ...	9	4	1	5	9	5	19	14
Developmental—								
a. Hernia ...	2	1	—	—	—	—	2	1
b. Other ...	1	1	—	—	—	—	1	1
Orthopaedic—								
a. Posture ...	1	1	8	1	2	—	11	2
b. Feet ...	4	2	1	5	3	2	8	9
c. Other ...	—	5	2	9	3	6	5	20
Nervous System—								
a. Epilepsy ...	—	—	—	—	2	1	2	1
b. Other ...	1	—	1	2	1	2	3	4
Psychological—								
a. Development	1	6	—	—	1	2	2	8
b. Stability ...	3	19	2	1	5	11	10	31
Abdomen ...	2	2	2	—	2	4	6	6
Other ...	44	18	10	7	38	12	92	37
Total ...	181	154	100	85	173	141	454	380

SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin ...	5	1
Eyes—		
a. Vision ...	5	1
b. Squint ...	1	2
c. Other ...	—	1
Ears—		
a. Hearing ...	4	1
b. Otitis Media	2	1
c. Other ...	—	—
Nose and Throat ...	3	2
Speech ...	1	2
Lymphatic Glands	—	—
Heart ...	2	1
Lungs ...	1	—
Developmental—		
a. Hernia ...	—	—
b. Other ...	—	—
Orthopaedic—		
a. Posture ...	1	—
b. Feet ...	1	—
c. Other ...	1	—
Nervous System—		
a. Epilepsy	—	—
b. Other ...	—	—
Psychological—		
a. Development	—	2
b. Stability	1	5
Abdomen ...	1	1
Other ...	3	3
Total	32	23

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)**

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of Refraction (including squint) ...	735
Total ...	735
Number of pupils for whom spectacles were prescribed ...	519

**DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ...	1
(b) for adenoids and chronic tonsillitis ...	7
(c) for other nose and throat conditions ...	1
Received other forms of treat- ment ...	11
Total ...	20
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965 ...	4
(b) in previous years ...	7

ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been treated
Pupils treated at clinics or out- patients departments ...	5
Pupils treated at school for postural defects	—
Total ...	5

DISEASES OF THE SKIN (Excluding uncleanness)

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics 	39

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapist	—

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	2
Pupils who received convalescent treatment under School Health Service arrangements	—
Pupils who received B.C.G. vaccination	420
Other than above	—
Total ...	422

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1965 —

CONSULTANT ORTHOPAEDIC SERVICE

Consultant Clinic.

Number of sessions held during year 10

PAEDIATRIC SERVICE

Consultant Clinics.

Number of sessions held during the year 9

	Pre-school children	School children
Number of individual patients seen :--		
(a) new cases	10	7
(b) cases attending from previous year(s)	7	21
Total number of attendances at clinics ...	31	37

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year ... 47

CHILDREN AND YOUNG PERSONS ACT, 1933 EMPLOYMENT OF CHILDREN

Number of children examined during the year in connection with applications:—

(a) for employment (including entertainments)	36
(b) No. of (a) found unfit	1

ULTRA VIOLET LIGHT TREATMENT

No Ultra Violet Light treatment during 1965.

PAEDIATRIC SERVICE

Summary of type of defect for which referred

Defect or Disease	Pre-School	School
Respiratory System, including E.N.T. Defects	3	5
Heart and Circulatory System	4	9
Genito Urinary System	—	2
Developmental	5	4
Orthopaedic	1	2
Speech	2	2
Mental Defect, including educational sub-normality	—	2
Incontinence	—	2
Congenital Deformities	—	—
Nutritional	2	—
Total	17	28

SPEECH THERAPY

Total number of sessions held during the year ...	...	—
No. of new cases treated during the year	...	—
No. of cases already attending for treatment from previous year	...	—
Total number of cases treated	...	—
No. of cases awaiting treatment at end of the year	...	—
No. of visits made to schools	...	—
No. of home visits ...	...	—

Analysis of Cases treated during the year :—

					Boys	Girls
Stammering	...	...	...	...	—	—
Defects of articulation—						
(a) Dyslalia	...	...	...	...	—	—
(b) Sigmatism	...	...	...	...	—	—
(c) Rhinolalia, due to—						
(i) Cleft Palate	...	...	...	...	—	—
(ii) Nasal obstruction	...	...	...	...	—	—
(d) Dysarthria	...	...	...	...	—	—
Aphasia	...	...	...	...	—	—
Defective speech due to—						
(i) Educational sub-normality	...	...	...	...	—	—
(ii) Deafness	...	...	...	...	—	—
Retarded speech development	...	...	...	...	—	—
Dysphonia	...	...	...	...	—	—
Other defects	...	...	...	...	—	—
		Total	...	...	—	—
Analysis of Cases discharged :—						
No. of children discharged during year—						
Speech normal	...	...	...	...	—	—
Speech improved	...	...	...	...	—	—
Unsuitable for treatment	...	...	...	...	—	—
Non-co-operation	...	...	...	...	—	—
Left school	...	...	...	...	—	—
Left district	...	...	...	...	—	—
Other reasons	...	...	...	...	—	—
		Total	...	...	—	—

CHILD GUIDANCE

Location of Clinic: Central Clinic, Oulton Lane, Rothwell.

No. of sessions held during year 82

		Boys	Girls
No. of new cases seen during year	...	26	11
No. of cases referred from previous year		7	3
Total number of cases discharged or admitted for residential treatment	...	16	7
No. of cases carried forward	...	17	7

AUDIOMETRY

Children Tested by Pure-Tone Audiometry.

	No. tested	No appreciable hearing loss	Referral for investigation
(a) "At risk" categories			
(i) deafness in the family	2	—	2
(ii) prenatal causes:—			
maternal rubella ...	—	—	—
other conditions ...	—	—	—
(iii) perinatal causes, e.g.			
toxaemia, anoxia, kernicterus, rhesus incompatibility, prematurity, etc. ...	—	—	—
(iv) postnatal:—			
Congenital defects ...	—	—	—
cerebral palsy ...	1	—	—
middle ear disease	12	2	12
meningitis or encephalitis ...	—	—	—
speech retardation or defect ...	—	—	—
educational retardation ...	30	29	1
(b) Routine test on children 6/7 year age group ...	941	899	42
TOTALS ...	985	930	55

VACCINATION AND IMMUNISATION

The numbers protected against Infectious Diseases were maintained at a satisfactory level. Very rarely nowadays does one meet with a flat refusal. This happy state of affairs is in no small measure due to the enthusiastic efforts of family doctors who appear to take a much more active part in the immunisation of infants than they did some years ago. Added to this, the advice and exhortations of our Health Visiting Staff and Clinic Doctors, and the new dispensation that Health Visitors can themselves, in some cases, give the injections in the patient's own home, with medical approval, has ensured a high percentage of acceptors.

The formerly prevalent and dreaded diseases of Diphtheria and Whooping Cough are now virtually absent. No case of Diphtheria has occurred in this area for many years. Indeed a whole generation has grown up which has had no experience of Diphtheria and doctors are being trained who have never even seen a case! Occasional instances of Whooping Cough still occur but these are mild in nature and have not been found to cause any permanent disability.

The small number of children given vaccination against Measles in 1964 have been followed up and so far as we know none has subsequently contracted the disease. This is in keeping with the findings in other parts of the country and a Measles vaccine is now obtainable and can be prescribed by family doctors for use on their infant patients. The Local Health Authority has not yet adopted full scale Measles vaccination but I have no doubt that this will become available in the fairly near future.

A satisfactory number of infants were vaccinated against Smallpox and, of course, every time there is a scare, as all too often happens now with Asian immigrants flying in, large numbers of people hasten to have their infants protected, or to be vaccinated themselves. The modern technique of smallpox vaccination rarely gives rise to complications and I am glad to say none has occurred in this area.

VACCINATION AGAINST POLIOMYELITIS

Vaccination during 1965

Persons completing primary immunisation.

AGE GROUP				Completed Courses of Oral Vaccine during the year ended 31st Dec., 1965
Children born in 1965	...	...	...	242
Children born in 1964	...	...	...	684
Children born in 1963	...	...	...	124
Children born in 1962	...	...	...	70
Children and young persons born in years 1958 — 61	...	...	...	108
Others under the age of 16	...	...	...	25
TOTAL	...	...	...	1,253

Persons receiving reinforcing doses.

Number of persons given a reinforcing dose of oral vaccine
after:—

3 Salk doses or,
3 Oral doses or,
2 Salk doses plus
2 Oral doses 1,117

Number of persons who had received completed courses
of Polio immunisation at 31st December, 1965 ... 20,081

Number of children aged 5 — 12 who had received
booster doses at 31st December, 1965 5,470

DIPHTHERIA IMMUNISATION

Immunisation carried out during the year

	Children born in years :—						
	1965	1964	1963	1962	1961	1956-60	1951-55
No. of children who completed a full course of primary immunisation (including temporary residents) ...	488	440	39	12	6	73	17
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	7	6	3	60	909	261

Immunisation in relation to Child Population

Age at 31.12.65 i.e. Born in Year	Under 1 1965	1—4 1961-1964	5—9 1956-1960	10—14 1951-1955	under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1961—1965 ...	488	3,134	2,900	1,860	8,382
B. 1960 or earlier	—	—	1,206	2,009	3,215

No case of Diphtheria occurred in the Division during the year.

WHOOPING COUGH IMMUNISATION

Immunisation carried out during the year

Age at Final injection			Number of children who completed a full course of immunisation including temporary residents)
Under 6 months	...	...	659
6 months to one year	...	...	280
1—2 years	...	...	15
2—3 years	...	...	11
3—4 years	...	...	12
Total		...	977

Immunisation in relation to Child Population

Age at 31.12.65 i.e. born in year:—	Under 1 1965	1 to 4 1964-1961	5 to 9 1960-1955	10 to 14 1955-1951	Under 15 Total
Number immunised ...	488	3,116	2,826	1,698	8,128

Whooping Cough notifications and Deaths in relation to Immunisation during the year

Age at date of notification	No. of cases notified	No. of cases included in preceding column in which child completed a full course of immunisation
Under 1	...	—
1	...	4
2	...	1
3	...	4
4	...	1
5 — 9	...	5
10 — 14	...	—
Totals	...	15
		5

No death occurred from Whooping Cough in the Division
during the year.

VACCINATION AGAINST SMALLPOX
Number of Persons vaccinated or re-vaccinated during the year

Age at date of vaccination	Number of Persons vaccinated (or re-vaccinated) during period	Number of Cases specially reported during period		Death from complications of vaccination other than (a) and (b)
		Generalised Vaccinia (a)	Post-Vaccinal Encephalomyelitis (b)	
0-3 months	3	—	—	—
3-6 months	27	—	—	—
6-9 months	23	—	—	—
9-12 months	54	—	—	—
1	323	—	—	—
2-4	86	1	—	—
5-14	20	2	—	—
TOTAL	536	3	—	—

IMMUNISATION AGAINST TETANUS

Immunisation carried out during the year

	Children born in years:—							Total
	1965	1964	1963	1962	1961	1956-60	1951-55	
Number of children who completed a full course of primary immunisation (including temporary residents) ..	488	440	39	12	6	42	75	1,102
Total number of children who were given a secondary or re-inforcing injection (i.e., subsequent to complete full course) ..	—	6	5	1	37	480	62	591

B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

1.	No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination	...	...	...	...	...	3
2. Acceptances							
(a)	No. of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously	...	650				
(b)	No. of (a) found to have been vaccinated previously	—					
(c)	No. of acceptances	...	...	...	...	541	
(d)	Percentage of acceptances, i.e., (c) to (a) — (b)	...	83.2				
3. Pre-Vaccination Tuberculin test							
(a)	No. of children tested	...	...	...	...	477	
(b)	Result of test—						
	(i) Positive	...	15				
	(ii) Negative	...	420				
	(iii) Not ascertained	...	42				
		—				TOTAL	477
4. No. vaccinated—following negative Heaf Test							
		...	420				

VACCINATION OF CONTACTS

		AGE GROUPS													
		Under 1 year				Years								All ages	
		Months	0	1	3	6	1	2	3	4	5	10	15	20	
Vaccinated :—															
Male	...	6	3	2	—	4	1	1	1	4	—	—	0	22	
Female	..	1	1	2	—	2	1	—	1	2	—	—	2	12	
TOTAL		7	4	4	—	6	2	1	2	6	—	—	2	34	

LOCAL HEALTH AUTHORITY CLINICS

The recently built Clinic at Outwood is coming into increasing use. Attendances are excellently maintained and more and more services are being undertaken. I am hoping in the fairly near future to establish a clinic for cervical cytology, and advance arrangements have already been made, equipment ordered and medical staff appointed.

I am pressing for the provision of new small clinics—Mini Clinics — in the Wrenthorpe, Kirkhamgate and Stanley areas. The population of the two former districts is increasing rapidly and there is now an established need for this type of purpose-built, County Council owned accommodation. Suitable sites are being sought and we are promised early and favourable consideration by the County Council.

I have managed to arrange an Ophthalmic session at the Outwood Clinic and this saves parents and children much inconvenience in travelling.

I am sorry to tell you that Dr. Pickup will shortly terminate his association with this Division on transference to Pontefract. Efforts are being made to recruit the services of another Consultant Paediatrician, but, at the moment, it seems unlikely that one will be available in the very near future.

The same applies to Speech Therapy. All efforts to recruit a Speech Therapist have proved unavailing and there appears to be a County-wide shortage of this type of worker.

MENTAL HEALTH SERVICE

The Mental Welfare Service has now become an integral part of County services in the Division. The Officers are accepted and their work and services are greatly appreciated by the patients amongst whom they operate.

The following brief account of the Service has been supplied to me by the Mental Welfare Officers, to whom I wish to make due acknowledgement.

The districts of Rothwell, Stanley and Garforth are served by two Mental Welfare Officers based at the Divisional Health Office at Rothwell. Duties include the provision of after-care for those receiving out-patient treatment, or following discharge from a Psychiatric Hospital.

The joint case-load of the two officers is at present in the region of 300 in the case of Mental illness, plus 150 subnormal children and adults, these figures being spread over the three districts concerned.

Mental Subnormality.—There has been a gradual increase in the number of new referrals during the past year, mainly in the 16 years and under age group. Of these, a number including transfers from E.S.N. Schools and other Centres have already been placed at Rothwell Training Centre, and arrangements have been made for the remainder to commence in the first term of 1966.

Since the opening of the Training Centre in November, 1963, we have seen the gradual integration of the Training Centre and the mentally handicapped person into the local community. This is reflected in the interest shown and help given, not only by local residents but also by industry in the area. One feels that this is due in no small way to the active and enthusiastic Parent-Teachers' Association which was formed in the earlier part of the year.

In the Training Centre itself, an attitude of usefulness and wellbeing prevails. This is particularly noticeable in the improving quality of the work being done in the adult section. Parents and all those interested in the Centre have an opportunity to see this on "open days." Various social events organised by the Parent-Teacher Association have taken place during the year. and the provision of a Youth Club is being considered.

Accommodation for trainees is becoming increasingly difficult, and the placing of six new trainees in the first term of next year will make the training centre full to capacity. It now seems that an extension to the adult wing of the Centre is inevitable, and from the experience gained in the past two years, it would appear that a sheltered workshop in the area would serve a useful purpose.

The trainees are encouraged to develop what skills and aptitudes they may possess, and a careful assessment of the work potentiality is made, and we have, this year, placed one male trainee in a Remploy factory.

The number of subnormal adults who do not attend the training centre and are either in full time or part-time employment, or otherwise adequately catered for, within their own family environment, remains, as one would expect, substantially the same. However, with regard to the latter group, this appears to be a situation which will ultimately resolve itself, and provision will have to be made for an increasing number of mentally handicapped persons within the framework of the local authority.

The Psychiatric Out-Patient Clinic at St. George's Hospital, Rothwell.

This Clinic continues to be held on Tuesday afternoons each week, being attended by an increasing number of new patients — including many referrals from the area of South Leeds in addition to those from the immediate districts.

The General Practitioners in these areas have shown themselves greatly appreciative of the many advantages deriving from this locally situated Out-Patient Clinic, this being evidenced by the number of patients being referred to Dr. D. P. Oakley, the Consultant Psychiatrist in charge of the Clinic.

In attendance also, at the Clinic, is the Mental Welfare Officer for the Division, whose duties include 'follow-up' visiting, social casework with patients and their families, and responsibility for admissions to Psychiatric Hospital when required."

DOMICILIARY NURSING SERVICE

As I have already said we have managed to keep all three branches of the Service at full strength, and have had relatively few staff changes.

HOME HELP SERVICE

The increasing number of elderly people has ensured that the demand for this service has tended to increase. Our authorised allocation is now 36 and we have managed to keep within the ceiling. Some doubt is felt whether a period of 3 hours per week for any old person is sufficient to undertake the basic tasks of cleaning and doing the weekly wash. The County Council are considering the position and it seems likely that a minimal period of 5 or 6 hours weekly will be recommended as routine. There is some feeling that the present method of assessment of cost is unfair to some individuals. This matter also, I understand, is under consideration and it may well be that assessment for certain types of people receiving Home Help will no longer be made.

I am happy to report that no friction has arisen throughout the year and that in almost every case the Home Helps are kindly and interested. Frequently they go in, in their own time, evenings and weekends, to perform small neighbourly acts of help and kindness.

DOMESTIC HELPS

Authorised Divisional Allocation.

(i) Basic	...	...	...	36
(ii) From Reserve Pool (Average over the year)	...	...	...	—
Total	...	...	...	36

Number of Domestic Helps employed at 31st December, 1965—

(i) Whole-time	...	...	—
(ii) Part-time	...	...	120
Total	...	...	120

Cases provided with Domestic Help during year ended 31st December, 1965—

		No. of Cases	Hours employed
(i) Aged 65 or over on first visit during year	...	435	69,635
(ii) Under 65 years on first visit during year :—			
(a) Chronic sick and tuberculosis		34	5,531
(b) Mentally disordered	...	1	10
(c) Maternity	...	37	1,286
(d) Others	...	14	1,249
Totals	...	521	77,711

Employment :—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1965 ÷ 2,184 (52 weeks x 42 hours) = $2,184 \div 2,184 = 1$

No. of home helps that could have been employed full time. = $1 \times 35.58 = 35.58$

CHIROPODY SERVICE

This essential and much valued Service continues fully staffed and operative. There is still a disturbing trend towards increasing demand for domiciliary treatment. This is always supported by medical certification and I have no reason to believe that, in this area, the privilege of domiciliary treatment is being abused to any great extent.

Any special representation is given sympathetic consideration and I feel that the bulk of recipients are in genuine need. I am, however, asked by the County Council to keep a strict watch on this particular aspect of chiropody owing to a County-wide trend which is proving financially disturbing.

Complaints in this area are very few and far between and I feel that this worth while service is being ably carried out by interested Chiropodists.

CHIROPODY SERVICE

1. DIRECT SERVICE.

Number of sessions held during the year :—

(a) In Clinics	244
----------------	-----	-----	-----	-----	-----

Number of patients treated :—

(a) In Clinics	493
----------------	-----	-----	-----	-----	-----

(b) In own homes	145
------------------	-----	-----	-----	-----	-----

Total	...	638
-------	-----	-----

Number of Treatments given :—

(a) In Clinics	1,991
----------------	-----	-----	-----	-----	-------

(b) In own homes	450
------------------	-----	-----	-----	-----	-----

Total	...	2,441
-------	-----	-------

2. INDIRECT SERVICE.

Number of sessions held during the year :—

(a) In Voluntary Clinics	332
--------------------------	-----	-----	-----	-----

Number of patients treated :—

(a) In Voluntary Clinics	735
--------------------------	-----	-----	-----	-----

(b) In Chiropodist's Surgery	140
------------------------------	-----	-----	-----	-----

(c) In own homes	240
------------------	-----	-----	-----	-----

Total	...	1,115
-------	-----	-------

Number of Treatments given :—

(a) In Voluntary Clinics	2,974
--------------------------	-----	-----	-----	-------

(b) In Chiropodist's Surgery	344
------------------------------	-----	-----	-----	-----

(c) In own homes	865
------------------	-----	-----	-----	-----

Total	...	4,183
-------	-----	-------

AMBULANCE SERVICE

The Ambulance Service continues to be run with its usual efficiency and any request is met with courtesy and promptitude.

LABORATORY FACILITIES

There has been no change in this Service and both the Public Health Laboratory at Wakefield and the Seacroft Laboratory are unfailingly efficient and authoritative in their reports and investigations.

MILK AND FOOD SAMPLES

The sampling of milk and other foods is dealt with by Mr. Walker in his Report.

As hitherto, bacteriological examination of water is carried out by the Medical Research Laboratory at Wakefield and samples are taken regularly. Chemical samples are analysed by the Analyst at Halifax and both services are completely efficient.

HOSPITALS

Maternity Hospitals.—There has been no easing of demand for Maternity Hospital accommodation. The number of births continues to rise and a considerable number of expectant mothers moving into new houses in the area have no relatives or friends to help them. However, the increasing practice of discharging lying-in mothers to their homes 48 hours after delivery has enabled a much quicker turn-over of beds to be effected, and we have never yet failed to secure accommodation for any case in real social need.

I would like to record my appreciation of the kindness shown us by Mr. McKiddie who always listens sympathetically to any plea which I make for an unexpected or urgent admission.

Of course, any case with obstetrical abnormality is admitted without quibble or delay.

Infectious Diseases Hospitals.—The majority of our cases, fortunately few in number, are admitted to Seacroft, which has maintained its very high standard of treatment and efficiency. Some few cases are admitted to Snape-thorpe Hospital.

Chronic Sick Hospitals.—The position at the moment is still unchanged and it is still difficult to get Stanley residents into St. George's Hospital. However, a ray of hope is now appearing in that a total of 160 geriatric beds are to be provided at Wakefield General Hospital and one feels that it is likely that some Stanley patients will find long-stay accommodation, and visiting will be therefore made much easier for relatives and friends.

Welfare Services.—I would like to record my appreciation of the co-operation which we get from the staff of the Divisional Welfare Office at Dewsbury and, in particular, the readiness which Mrs. Hartley shows to visit any case which we bring to her notice. The new Welfare Home in Rothwell is proving extremely popular and there is, I understand, a waiting list for admission.

General Hospitals.—Finally, there is no criticism possible of the general Hospitals. These have maintained their high standard of efficiency and I have heard no adverse comments either from medical colleagues or patients.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

When I first entered Public Health many years ago, the control of epidemic infectious disease constituted a very significant and important part of my work. The years have seen a steady diminution in this respect until now all the formerly serious epidemic diseases have been conquered, partly because of improved environmental and nutritional conditions in the community, but to a much greater extent due to the magnificent discoveries of preventive and curative drugs by our bacteriologists and bio-chemists.

During 1965 there was a prevalence of Measles, universally mild in type. 19 cases of Scarlet Fever were notified. All were extremely mild and no case necessitated admission to Hospital.

It is characteristic of the Infectious Diseases situation that the only cases admitted to Hospitals were for "observation."

Venereal Diseases.—These continue to be almost absent from the community.

Infestations.—No infestations were reported in your area during the year.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1965

Disease	Age distribution, 1965										Deaths, 1965						
	0 — 1 year	1 — 2 years	2 — 3 years	3 — 4 years	4 — 5 years	5 — 10 years	10 — 15 years	15 — 20 years	20 — 35 years	35 — 45 years	Over 65 years	Age unknown	Cases sent to Hospital, 1965	Deaths, 1965			
Acute Poliomyelitis	2	3	10	2	...	...	...	...	...	...	...
Scarlet Fever	3	3	19	...	...	...	...	...	...	...	...	...
Pneumonia	4	4	5	1	...	1	2	...	...	1	12			
Acute Anterior Encephalitis			
Meningococcal Infection			
Erysipelas	1	...	...	...	...	...	...	...	...	...	...
Whooping Cough	1	11	...	...	...	...	...	...	...	...	...
Measles	218	46	190	5	15	19	23	35	91	2	...	...	
Sonnè Dysentery			
Food Poisoning			
Observation	9	5	9	1	4	1	...	2	...	1	...	9			
Puerperal Pyrexia			
Totals	...	235	69	224	7	19	22	26	38	103	4	..	1	3	..	10	12

TUBERCULOSIS

The number of cases on Register showed a sharp decline accelerating the general trend of recent years. In addition, I am happy to record that mortality from this disease, now very low indeed, occurs almost exclusively in the older age groups in association with some other condition such as chronic bronchitis.

The preventive and remedial measures outlined in previous Reports still continue and meticulous care and attention is paid to ensure the well-being and continued health of former sufferers, and the treatment and nutritional support of the few new cases coming to light.

In this area we are, perhaps, fortunate in that there is no significant immigrant population from Asia. These unfortunate creatures are maintaining the reservoir of infection in some districts of the West Riding.

Once more I would like to express my appreciation of the courtesy and kindnesses we experience from the Medical and Administrative staffs at the Chest Clinics at Leeds and Wakefield.

TUBERCULOSIS

Record of Cases during the Year 1965

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	14	12	2	1
No. of cases notified for first time during year	1	—	—	—
No. of cases restored to Register	...	—	—	—
No. of cases added to Register otherwise than by notification	...	—	—	—
No. removed to other districts	...	—	1	—
No. of cases Recovered	...	7	1	—
No. died from the Disease	..	—	—	—
No. died from other causes	...	—	—	—
No. Removed from Register :—				
Revised diagnosis	...	..	—	—
No. of cases on Register at end of year	...	8	10	2
				1

New Cases and Mortality during 1965

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—
5—10 "	...	—	—	—	—	—	—	—
10—15 "	...	—	—	—	—	—	—	—
15—20 "	...	—	—	—	—	—	—	—
20—25 "	...	—	—	—	—	—	—	—
25—35 "	...	—	—	—	—	—	—	—
35—45 "	...	—	—	—	—	—	—	—
45—55 "	...	1	—	—	—	—	—	—
55—65 "	...	—	—	—	—	—	—	—
Over 65 years	...	—	—	—	—	—	—	—
Totals	...	1	—	—	—	—	—	—

TUBERCULOSIS
New Cases and Deaths since 1946

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1946 ...	9	8	5	1
1947 ...	12	2	4	1
1948 ...	8	3	4	1
1949 ...	17	4	4	-
1950 ...	11	6	2	1
1951 ...	8	-	1	-
1952 ...	10	-	2	-
1953 ...	11	-	1	-
1954 ...	9	-	4	-
1955 ...	6	-	1	-
1956 ...	4	-	1	-
1957 ...	4	-	-	1
1958 ...	3	1	1	-
1959 ...	7	1	2	-
1960 ...	3	1	1	-
1961 ...	2	-	-	1
1962 ...	1	-	1	-
1963 ...	2	-	-	-
1964 ...	2	-	-	-
1965 ...	1	-	-	-

HOUSING

This subject is very fully dealt with in the Report of the Senior Public Health Inspector. As I said in my opening remarks, the Housing picture is changing rapidly in your District which is increasingly tending to resemble a suburban community, rather than an Urban District. Private Housing estates are being erected in many areas and find ready buyers. From a social point of view, this trend is to be welcomed and tends to broaden the social and occupational content of your community.

HOUSING STATISTICS, 1965 — GARFORTH URBAN DISTRICT

1.	No. of Dwelling Houses in District	...	...	6,402
2	No. of Houses included in above :—			
	(b) Back-to-back	...	...	110
	(b) Single back	...	...	11
3.	SLUM CLEARANCE			
	Estimated number of unfit houses at 31st December, 1965 in respect of which no representation has been made	...	...	207
	Details of future Slum Clearance programmes :—			
	A few individual houses to be represented.			
4.	HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE			
	No. of houses included in Representations made during the year :—			
	(a) In Clearance Areas	...	...	28
	(b) Individual Unfit houses (back-to-back)	...	...	42

HOUSES DEMOLISHED DURING THE YEAR

IN CLEARANCE AREAS

No. of Houses Demolished:

Unfit for human habitation	...	...	...	14
Included by reason of bad arrangement	...	...	...	—
On land acquired under Section 43(2) Housing Act, 1957	...	...	...	—

Persons displaced during year :

From houses unfit for human habitation	...	...	34
From houses included by reason of bad arrangement	...	...	—
From houses on land acquired under Section 43 (2) Housing Act, 1957	...	...	—

Families Displaced during year:

From houses unfit for human habitation	...	14
From houses included by reason of bad arrangement	...	—
From houses on land acquired under Section 43 (2) Housing Act, 1957	...	—

NOT IN CLEARANCE AREAS**No. of Houses demolished:**

As a result of formal or informal procedure under Section 16 or 17 (1) Housing Act, 1957	...	14
Local Authority owned houses certified unfit by the Medical Officer of Health	...	—
Houses unfit for human habitation where action has been taken under local Acts	...	—
Houses included in unfitness orders made under para. 2 of the Second Schedule to the Town and Country Planning Act, 1959	...	—

Persons displaced during year:

From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) of Housing Act, 1957	...	52
From local authority owned houses certified unfit by Medical Officer of Health	...	—
From houses unfit for human habitation where action has been taken under local Acts	...	—
From houses included in Unfitness orders	...	—

Families displaced during year :

From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) Housing Act, 1957	...	16
From local authority owned houses certified unfit by Medical Officer of Health	...	—
From houses unfit for human habitation where action has been taken under local Acts	...	—
From houses included in Unfitness orders	...	—

No. of dwellings included above which were previously reported as closed

...

UNFIT HOUSES CLOSED

No. of Houses:

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	2
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	—

Persons Displaced during year:

From houses to be closed:—

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	13
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	—

Families Displaced during year

From houses to be closed:—

Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961	...	...	...	...	...	2
Under Sections 17 (3) and 26, Housing Act, 1957	...	...	...	...	...	—

Parts of Buildings Closed under Section 18, Housing Act, 1957:

Number of Houses	...	...	...	...	—
Number of persons displaced	...	...	...	...	—
Number of Families displaced	...	...	...	...	—

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

After informal action by Local Authority :

by owner	8
----------	-----	-----	-----	---

After formal notice under Public Health Acts :

(a) by owner	...	...	...	—
(b) by Local Authority	...	...	...	—

After formal notice under Sections 9 and 16, Housing Act, 1957 :

(a) by owner	...	...	...	1
(b) by Local Authority	...	...	...	—

Under Section 24, Housing Act, 1957 :

by owner	—
----------	-----	-----	-----	---

UNFIT HOUSES IN TEMPORARY USE

POSITION AT END OF YEAR

Retained for temporary accommodation:

Under Section 48

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

Under Section 17 (2)

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

Under Section 46

No. of houses	...	...	...	...	...	Nil
No. of separate dwellings contained therein						Nil

Licenced for temporary accommodation under
Section 34 or 53

No. of houses	Nil
---------------	-----	-----	-----	-----	-----	-----

PURCHASE OF HOUSES BY AGREEMENT

Houses in clearance areas other than those included
in confirmed Orders or Compulsory Purchase Orders

No. of houses	...	...	...	...	...	Nil
No. of occupants	...	...	...	...	...	Nil

No. of families rehoused during the year into
Council owned dwellings

(a) Clearance Areas, etc.	...	...	...	...	36
(b) Overcrowding	...	...	...	...	10

RENT ACT, 1957

(a) No. of certificates of disrepair granted	...	—
(b) No. of undedrtakings to execute repairs given by owners to the local authority	...	—
(c) No. of certificates of disrepair cancelled	...	—

NEW DWELLINGS

No. of new dwellings completed during the year:

By the Local Authority	...	...	...	26
By Private Enterprise	...	...	...	138

GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

	Formal applica- tions received during the year	Applica- tions approved during the year	Number of dwellings completed during year
(a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work)	Nil	Nil	Nil
(b) IMPROVEMENTS	64	64	52

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.—Wakefield and District Water Board continue to be responsible for the supply and distribution of water to your Urban District. No complaint has been received in respect of either the quality or the quantity of the water. Occasional samples of water are taken and submitted for analysis. Below is a copy of the result of one sample taken:—

Appearance	...	...	...	Clear and Colourless.
Colour (Hazen)	...	...	...	5
Chloride (mg/litre Cl.)	...	...	...	26
ph	...	...	...	8.3
Electrical conductivity (Dionic)	...	...	165	
Alkalinity (mg/litre CaCO ₃)	...	...	14	
Hardness (mg/litre CaCO ₃)	...	...	62	
Iron (mg/litre)	...	...	...	Nil
Manganese (mg/litre)	...	...	...	Nil
Free Chlorine (mg/litre)	...	...	0.1	
Total Chlorine (mg/litre)	...	...	0.2	

Sewage Disposal.—No change has taken place during the year, and the results and effluents have been satisfactory.

Drains and Sewers.—There still remain to be carried out improvements to the Limepit Lane and Potovens Lane sewers which are too small at times of heavy rain.

Public, Cleansing, etc.—Matters relating to Public Cleansing, Closet accommodation, Camping Sites, Disinfestation and Smoke Abatement, are fully dealt with in the Report of the Senior Public Health Inspector.

Swimming Baths and Pools.—There is no public bath in the Stanley Urban District.

Factories and Workshops.—Parts 1 and 8 of the Act fall within the scope of administration of this Authority. It will be noted from the following tables that there are no Outworkers in the District and that no special action has been necessary throughout the year. Routine inspections have been carried out in respect of Part 1 of the Act and again no special action has been necessary.

CASES IN WHICH DEFECTS WERE FOUND
 (If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

		No. of cases in which defects were found			Number of cases in which Prosecutions were instituted	
		Found	Remedied	Referred :		
				to H.M. Inspector		
Want of cleanliness	—	—	—	
Overcrowding	—	—	—	
Unreasonable temperature	—	—	—	
Inadequate ventilation	—	—	—	
 Sanitary Conveniences :—						
Insufficient	—	—	—	
Not separate for sexes	—	—	—	
Unsuitable or defective	—	—	—	
Other offences against the Act (not including offences relating to Outwork)	..	—	—	—	—	
Total	—	—	—	

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 133			Section 134	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc.	..	4	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving	..	—	—	—	—	—
TOTAL	..	4	—	—	—	—

FACTORIES ACT, 1961

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	6	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	30	24	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	4	10	—	—
TOTAL	46	40	—	—

SANITARY INSPECTION OF THE AREA

Milk and Dairies.

Milk samples taken	15
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Food and Drugs Inspections.

Meat Inspections	1,032
Bakehouses	24
Food Inspections	286
Ice Cream Sampling	...	...	...	...	3
Fish Shop Inspections	...	...	...	...	24

Housing.

Houses inspected and recorded	...	...	...	...	240
General Surveys	...	...	...	...	30
Public Health Inspections	...	...	...	...	108
Re-visits	...	...	...	...	60

Offensive Trades.

Inspection of Knackers Yard	8
-----------------------------	-----	-----	-----	-----	---

Sanitary Matters.

Inspection of Verminous Premises	...	...	...	...	1
Inspection for Rat and Mice Infestation	...	...	...	...	145
Smoke Observations	...	...	...	...	32
Inspection re Refuse Removal and Disposal	...	...	...	...	420
Factories and Workshops	...	...	...	...	50
Tents, Vans and Sheds	...	...	...	...	7
Inspection for Nuisances	...	...	...	...	136
Council house inspections and repairs	...	...	...	...	3,820
Miscellaneous	...	...	...	...	172

ANNUAL REPORT
of the
PUBLIC HEALTH INSPECTOR
and
CLEANSING SUPERINTENDENT
for the year

1965

To the Chairman and Members of the
STANLEY URBAN DISTRICT COUNCIL.

Gentlemen,

I beg to submit my 15th report upon the work carried out by your Public Health Department.

Many of the reports of inspections and much of the statistical data are to be found in the report of the Medical Officer of Health.

The availability of building labour for general housing repair work has remained much as it was last year and most trades have been reasonably easily available but with the bricklaying trade difficult to obtain, particularly from the Council's direct labour point of view. The cost of labour continues to increase making it difficult to get the older type of property repaired and the preference for sale rather than letting of property continues. As in past years this continued sale of houses, together with the Slum Clearance progress, has reduced the number of complaints received by the department concerning house repairs.

The extensive building of new houses throughout the area has continued during the year, the majority of new properties being taken over by people from outlying districts and this is reflected in the great increase in the estimated population of the district. The major portion of the labour force involved in the building of the new private houses is brought in from outside and interferes little with our own building programmes which has once again been covered wholly by the employment of local labour.

The Council's Slum Clearance work has been continued and the Council are dealing with the second five years' programme which envisages dealing with 352 houses. So far 152 of these houses have been dealt with and re-housing is progressing only slowly and will be more expensive as building costs continue to increase.

As a result of the Council's continued Slum Clearance programme, standard improvement grant scheme and the Rent Act, 1957, a good number of the better type houses have been repaired and brought up to a satisfactory standard in order to retain them.

Standard improvement grants have again increased but, as in past years, have been chiefly to owner/occupiers, and only in isolated instances have rented properties been improved.

Houses for letting in the area, other than Council houses have been very small in number owing to the fact that practically all the vacant houses are being sold. In some cases the houses have been included for early consideration in the Council's Slum Clearance programme and even then they attract good prices considering their limited life.

At the end of 1965 there were 278 applicants for Council houses — and 218 for bungalows or one bedroomed flats !

During the year 26 houses were completed by the Council, 10 — two bedroomed houses, and 16 — three bed-roomed houses on the Church Lane estate, Outwood.

Staff difficulties were again experienced during the year when Mr. J. Hepworth left to take up an appointment with Castleford Borough Council. Mr. Hepworth's place was taken by Mr. D. Powers, who had been with the department for 4 years and qualified as an Inspector in June. 1965. Mr. Powers left the Council's employ in September to take up a post as District Inspector with Wakefield County Borough. From September until the end of the year there was no additional Inspector in the department.

Meat inspection work has continued again on a heavy scale and details are shown later in the report. So far as is known all meat killed in the district is inspected and since the coming into force of the Meat Regulations, 1963, all carcases have been stamped as required by the Act.

I should like to express my appreciation to the Chairman and Members of the Council for the encouragement and consideration they have given me during the past twelve months.

Abatement of Nuisances.

Number of Choked drains and W.C's cleared	...	189
,, Sink wastes repaired	...	2
,, Defective drains repaired	...	5
,, Water closets repaired	...	17
,, Inspection chambers repaired	...	2
,, Eavesgutters/downspouts repaired	...	14
,, House roofs and damp walls repaired	...	11
,, Flooded cellars	...	18
,, Damp houses remedied	...	22
,, House floors repaired	...	3
,, Walls replastered	...	7
,, New sinks fixed	...	1
,, Windows re-corded and repaired	...	4
,, Fireplaces repaired	...	2
,, Defective dustbins removed	...	200
,, Beetle infested premises	...	12
,, Rat infested premises	...	145
,, Burst services	...	2
,, W.C. Soil pipes repaired	...	18
,, Doors repaired/renewed	...	3
,, Cooking ranges repaired	...	1
,, Defective chimneys	...	2
,, Accumulations of refuse	...	2
,, Dangerous buildings	...	4

Meat and Food Inspection.

Meat inspection again has taken up a great deal of time as slaughtering increased during the year. 3,281 more carcases being inspected than in the previous year.

The Council's charges for meat marking continue at:— Cattle — 9d. per carcase; Pigs — 6d. per carcase; Sheep — 3d. per carcase. During the year £111 was realised from private slaughterhouses and £687 from Farm Stores.

4 slaughterhouse licences were renewed for a further period of 12 months, to the end of December, 1965. The slaughterhouses are inspected by an Inspector from the Ministry of Agriculture, Fisheries and Food prior to licences being renewed and at other intervals and there seems to be very little that they wish to complain of.

Week-end slaughtering was again practically non-existent and almost all slaughtering was carried out at reasonable hours from the inspection point of view and no overtime was necessary. 100% meat inspection was carried out.

The Public Health Laboratory as in past years have been very helpful, having examined and advised upon any specimens of a doubtful character which have been taken to the laboratory from time to time.

Farm Stores Ltd. brought into operation during the year a new bakehouse and making-up room and closed down the old bakehouse. This new building is a great improvement upon the old one, and allows better standards of hygiene to be attained together with better facilities all round.

24 visits were made to the premises under the Food and Drugs Act and associated Hygiene Regulations and revealed only isolated instances where action was necessary and all the defects were remedied without any statutory action being required.

During the year 3 cases were reported of unsound items of food being sold to the public but in each case the Council did not warrant the offence sufficient to prosecute. In all cases warning letters were issued to the persons concerned.

Carcases Inspected and Condemned.

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ..	294	498	1	2516	29326
Number Inspected ..	294	498	1	2516	29326
<i>All Diseases except Tuberculosis and Cysticerci :—</i>					
Whole carcases condemned ..	Nil	Nil	Nil	29	Nil
Carcases of which some part or organ was condemned ..	8	61	Nil	48	6311
Percentage of the number inspected affected with disease other than tuberculosis ..	2.7 %	12.2 %	--	1.9 %	21.5 %
<i>Tuberculosis Only :—</i>					
Whole carcases condemned ..	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned ..	Nil	Nil	Nil	Nil	666
Percentage of the number inspected affected with tuberculosis ..	Nil	Nil	Nil	Nil	0.2 %
<i>Cysticercus :—</i>					
Carcases affected ..	Nil	Nil	Nil	Nil	Nil
Carcases subjected to freezing treatment ..	Nil	Nil	Nil	Nil	Nil

Details of visits, animals slaughtered and condemnations made are shown below:—

Total visits	1,032	Cows inspected ...	498
Carcasses marked (Public Health Meat Regulations)		Cattle "	294
	32,634	Pigs "	29,326
		Sheep "	2,516
		Calf "	1

Condemnations.

Bovine heads	1	Actinobacillosis.
„ livers	16	Angioma.
„ „ „	11	Abscessed.
„ „ „	6	Fascioliasis.
„ „ „	6	Cirrhosis.
„ „ „	7	Distomatosis.
„ lungs (sets of) ...	4	Hydatid Cysts.
„ hearts	2	Pericarditis.
„ kidneys	4	Nephritis.
„ udders	14	Mastitis.
Pig carcase & all organs	1	Septic Pneumonia.
„ „ „ „ „ ...	1	Anaemia.
„ „ „ „ „ ...	1	Icterus.
„ „ „ „ „ ...	2	Septic Metritis.
„ „ „ „ „ ...	1	Swine Erysipelas.
„ „ „ „ „ ...	7	Pyaemia.
„ „ „ „ „ ...	3	Septic Peritonitis.
„ „ „ „ „ ...	5	Moribund.
„ „ „ „ „ ...	8	Emaciation and Oedema.
„ heads	667	Tuberculosis.
„ „	9	Abscessed.
„ livers	389	Cirrhosis.
„ „	275	Milk Spot.
„ „	8	Peritonitis.
„ „	237	Necrosis.
„ „	4	Angioma.
„ „	2	Ascaris.
„ lungs (sets of)	2,345	Pneumonia.
„ „ „ „ ...	103	Pleurisy.
„ „ „ „ ...	1	Abscessed.

„ plucks	...	...	302	Pleurisy & Peritonitis.
„ „	...	...	875	Ascaris lumbricoides.
„ hearts	...	...	903	Pericarditis.
„ kidneys	...	...	7	Cystic.
„ „	...	...	23	Nephritis.
„ flair fats	...	...	128	Peritonitis.
„ legs	...	...	278	lbs. Bruising.
„ „	...	...	39	lbs. Fractured.
„ „	...	...	6	lbs. Arthritis.
„ „	...	...	288	lbs. Abscesses.
„ hocks	...	...	5	Abscesses.
„ „	...	...	1	Bruised.
„ „	...	...	94	Arthritis.
„ „	...	...	12	Rheumatism.
„ trimmings	...	...	20	lbs. Bruising.
„ „	...	...	59	lbs. Abscessed.
„ „	...	...	7	lbs. Benign tumour.
„ udder	...	...	20	lbs. Mastitis.
„ mesenteric fats	...	...	7	lbs. Tuberculosis.
Sheep carcase & all organs		1		Pleurisy.
„ livers	...	4		Abscessed.
„ „	...	1		Cirrhosis.
„ „	...	4		Necrosis.
„ heart	...	1		Pericarditis.

Milk and Other Foods.

15 official samples of milk were purchased from retailers of the district and submitted to the Public Analyst for analysis. All were reported upon as being genuine milk.

Practically all the milk sold in the district continues to be processed and bottled at a small number of large dairies in nearby towns where a close check is made on quality and cleanliness. The dairies have their own laboratories and qualified staff for this purpose and under these circumstances more frequent sampling would appear to be unnecessary. At present only two dealers deliver untreated milk in the area.

Homogenized milk is being supplied in considerable quantities by the various dairies.

286 visits were made for the purpose of inspecting the various food shops and food preparation premises in the district. It was found necessary to condemn the following articles of food for the reasons shown:—

36 lbs. Ox Tongue	Decomposition.
6 lbs. Jellied Veal	"
17 lbs. Pork Tenderloin	"
11 lbs. Luncheon Meat	"
48 lbs. Corned Beef	"
44 lbs. Pressed Ham	"
34 lbs. Smoked Ham	"
10 lbs. Chopped Pork	"
4 lbs. Brisket	"

Bakehouses.

24 inspections were made of the bakehouses in the district where only minor defects were found and these were made good on verbal intimation to the owners concerned. There are only 3 bakehouses in the district.

Ice Cream.

3 samples of Ice Cream were taken for bacteriological examination and all these were Grade I.

There are no Ice Cream manufacturers in the district and all Ice Cream sold in the shops is pre-packed and of well known proprietary brands. 50 shops were registered for the sale of Ice Cream under the Food and Drugs Act, 1955 and these are inspected regularly.

The Ice Cream vans visiting the area are mostly owned by multiple firms, and these are of modern type with satisfactory washing facilities for the use of the driver.

Food Hawkers.

23 hawkers are registered under the West Riding (General Powers) Act, Section 76, and 13 premises for the storage of food for hawking. This method of selling remains popular especially on the larger housing estates and this causes much concern to the local shop owners generally.

The type of vehicle used varies greatly and in spite of the progress made by manufacturing firms in the design of them, a large number still continue as conversions of old vans and lorries which in many cases leave a lot to be desired from the hygiene and cleanliness point of view. The vans are inspected when they are seen in the district and during the year 26 inspections were made.

It is felt that in view of the small number of hawkers registered under this Act there still remains many who should be registered, but due to the ignorance of the regulations have failed to do so. Frequent changes of ownership and renewals of some of the vehicles also continues to make administration of the Act difficult.

Offensive Trades.

The meat sterilisation process which was carried out by means of Iwell Llabs plant at the Knacker's Yard, Kirghamgate, has been discontinued following the many complaints respecting the smell from this plant which was in the first place unsuitable for the type of material which was being dealt with.

This has abated the nuisance which prevailed at these premises and since then no further complaints have been received from the residents of the nearby estate, although he has now commenced business as a scrap metal dealer at the same premises.

The number of animals being brought to the premises grows less and less and the Knacker's Yard activities have become small, but is kept in a satisfactory condition both structurally and from the cleanliness point of view.

Fish and Chip Shops.

There are 17 shops registered with the Council under the Food and Drugs Act. During the year 24 visits were made to these premises. Generally there is a good class of shop in the district, and improvements are continually being carried out to them, particularly when change of ownership takes place.

Factories and Workshops.

50 visits were made to factories and workshops in the district and the premises found to be satisfactory. The number of premises on the register at the end of the year

was 30 with, and 12 without mechanical power. No complaints were received from the Factory Inspector during the year.

Offices, Shops and Railway Premises.

The preliminary inspections were made to these premises requiring registration and so far 27 premises, employing 425 persons, have been registered.

The district is not one that has a lot of premises requiring registration as the businesses in most cases are family businesses which do not employ persons outside the family.

Inspections of the registered premises have been made as required during the period and necessary returns made to the Ministry.

During the period one accident was reported.

Smoke Abatement.

The main sources of industrial smoke in the district continue as two Colliery chimneys, three brickwork chimneys and three small factory chimneys.

The main railway line and the shunting yard at Lofthouse Colliery are sources of nuisance, caused by the smoke from engines and particularly the shunting engines being used in the pit yard. The nuisance has become more noticeable and continues to be subject to more complaints since the area around the pit yard has been built up and the houses occupied. The houses concerned are mostly gas heated and this makes the nuisance more noticeable by the tenants who do not themselves use coal. Grit and dust in the area from the Colliery Screens and mining plant also give rise to nuisance.

The National Coal Board have now replaced one of the coal fired shunting engines with a diesel locomotive and have made arrangements for a second one to be provided during 1966 and this should alleviate most of the nuisance.

The gradual electrification of the main line trains using the line through this part of the area and the closure of the Castleford line has reduced the smoke nuisance previously complained of, and when the next diesel locomotive is supplied in the pit yard only complaints should be concerning the grit and dust from the coal screens and yard.

There has been no nuisance caused by the Lofthouse Colliery chimney where large scale electrification greatly reduced the number of boilers used. The only appreciable amount of smoke emitted from industrial chimneys has once again been from local brickworks which at times emit dark smoke for periods in excess of the permitted period. This matter is receiving attention of the owners and it is hoped that a solution will be found in the near future.

One of the chimneys at Farm Stores gives rise to a slight nuisance at odd times even though the plant is fully automatic.

A large number of the new houses now being built are being fitted with either gas or electric heating in place of the coal heating arrangements which have previously been the favoured methods in this district.

Interest was again raised respecting the proposed Smoke Control area at Stanley, this having been left in view of the smokeless fuel position when the survey had been made in 1963. It is anticipated that during 1966 a Smoke Control area will be declared by the Council as a trial area.

During the year 43 old pre-war fireplaces were replaced in Council houses by 7 modern type combination fireplaces and 36 tiled fireplaces along with gas or electric cookers.

32 observations were taken of the various chimneys in the district.

Colliery Tips.

Again there was no nuisance caused from Colliery tip fires, the tips in the area which in the past caused trouble have now burnt themselves out.

The tip at Stanley which is used by Newland Colliery continues to show slight signs of fire but not sufficient to cause a nuisance. Tipping is also carried out at Parkhill Colliery on a small scale.

Red shale continues to be removed in large quantities from the large stack at Lofthouse Colliery and it is hoped that it will soon be possible for the whole of this stack

to be cleared. There is no nuisance from the tip in the Rothwell area which abuts on Lingwell Nook Lane, Lofthouse Gate.

Housing.

General housing inspections and complaints continue to take up a considerable amount of the time of the department although on a reduced scale, due to the greater proportion of houses now being owner occupied and the continued Slum Clearance programme, which has cleared away houses which previously were the subject of many complaints of structural defects and could never be properly brought to standard.

The continued extensive building of new houses has kept labour away from the repair work and this together with the increasing cost of building labour and materials makes it most difficult to get even the smallest repair work carried out to tenanted houses. The increased cost of building repair work was again shown in the cost of repairs to Council houses where once again the £13 allocation per house was overspent, and even then no items of major repairs were included.

In the Council's own housing department which controls almost 2,000 houses, representing one-third of the total houses in the district, the only labour shortage is in the bricklaying department but in all others the day to day work is kept well up-to-date, as well as being able to carry improvements to the houses.

The recently introduced bonus scheme for the painters has shown itself to be successful and there has been 60% — 70% increase in output from these tradesmen and this has allowed all houses to be painted by direct labour and no contract painting has been necessary.

As in past years housing inspections are not carried out as routine work of the department owing to shortage of labour to carry out repair work but only where Clearance action is contemplated or where tenants have reported defects.

No applications were received during the year for Certificates of Disrepair.

The suggested Slum Clearance programme has continued during the year when 42 houses were dealt with,

28 as Clearance Areas and 14 individual unfit houses. There was no appeal or opposition by the owners.

One Clearance area consisting of 28 houses was represented during the year and there was no appeal by the owner.

26 Council dwellings were completed during the year compared with 42 last year. 10 of these were 2 bedroom type, 16 3 bedroom type, built on the Church Lane extension site.

All new houses were again let to tenants of condemned houses in order to attract the Government subsidy, although, as before, by the arrangement of transfer and exchange, the best possible use of the available accommodation was made.

50 re-lettings of Council houses during the year were as follows:— 8 to families in lodgings, 10 to overcrowded families, 12 aged persons' bungalows or flats, and 20 to special cases (including 5 tenants rehoused from houses adjoining new motorway).

The total number of houses, flats, and bungalows owned by the Council at the end of the year was 1,963.

In spite of the 1,047 houses built by the Council since the end of the war, and the very extensive residential development throughout the area, there still remains a shortage of housing accommodation in the district. Building land is becoming scarcer and more difficult to obtain with subsequent increase in the prices being demanded for any available land.

The demand for Council houses does not appear to be quite as acute as in the past. There is considerable under-occupation of the larger type Council houses although the Council encourage exchanges when possible to avoid this.

138 houses were built by private enterprise during the year but very few of these were sold to persons on the Council's application list or already tenants of Council houses, so this has very little effect on the Council's waiting lists.

In view of the Government subsidy all new houses built by the Council have again been utilised for the re-

housing of Slum Clearance tenants and while this policy continues it will be a while before some of the young couples now living in lodgings are allocated Council houses as we have only a small number of relets available from time to time.

There is an increasing demand for bungalows and one bedroom flats throughout the area but the main centre of applications is the Outwood area which appears to be the most popular. The Warden's schemes on the Council estates continue to be very popular and are appreciated by the elderly people on the estates which are now practically all provided for either by visiting Wardens or Warden's centres. At present there are Wardens and Community Centres at five estates and a further five visiting wardens operate on the estates where there is no centre provided. The Council hope to extend this scheme by building a further community centre to cover the new Church Lane estate and by the appointment of a number of visiting wardens to cover people not living in Council houses. It is expected that these schemes will become operative during the early part of next year.

The Council's application list at 31.12.65 showed the following applicants for Council accommodation:—

In lodgings	...	...	48
Not in lodgings	...	...	185
Bungalows and Flats	...	218	
Condemned houses	...	45	
<hr/>			
		496	

The Council are proceeding with their scheme for the replacement of fireplaces in their pre-war houses at a weekly rent increase of 2/- per week to cover the cost of the replacement.

43 fireplaces were replaced during the year as follows: 7 combination ranges and 36 tiled fireplaces with either gas or electric cookers. Work has been held up this year on these schemes by the shortage of labour and loan restrictions.

64 improvements grants were made during the year for the improvement of older type houses, mainly towards the cost of provision of hot water and bath systems and inside W.Cs. In most of the cases the applicants were owner-occupiers.

Overcrowding.

The Council's points scheme continues to be based upon bedroom accommodation rather than total room accommodation and on this standard 13 applicants for Council houses, not including persons living in lodgings, were living in over-crowded conditions and 5 families occupy houses where the sleeping accommodation causes moral overcrowding. No statutory overcrowding has been notified or found by inspection.

Cesspool and Sewage Works.

The road gullies and the 15 cesspools in the district have all been cleansed regularly by the Council's 750 gallons mechanised gully and cesspool emptier. The machine has continued to be loaned to the Ossett M.B.C., Horbury U.D.C., Garforth U.D.C. and Royston U.D.C., thus allowing an economical service to be provided for all the authorities involved.

Tents and Caravans.

Only two caravans are at present being used as permanent dwellings.

The site at the White Hart Inn, Lingwell Gate Lane, is still used on a small scale during the winter period by members of the Showmen's Guild but is cleared in the summer.

During the year we had no complaints respecting camping sites in the district.

Verminous Premises.

The houses of persons allocated Council house tenancies are inspected prior to removal and are sprayed where necessary with insecticide. This is found to be required only on very rare occasions.

The use of foundry sand as a covering material on the tip has kept it clear of flies and crickets.

145 properties were treated for the eradication of rats and mice, the only major infestations again being on the refuse tips and sewage works.

All complaints respecting rats are attended to as soon as practicable and we have no known reservoirs of infestation.

Labour difficulties also made sewer treatment impracticable although it was possible to carry out treatment to inspection chambers to drains on most of the Council's estates.

Urinals.

The building of the three new toilets has been very slow indeed and in spite of many promises from the contractor it would appear that they will have to be completed by the Council. As stated previously these facilities are badly needed in the district due to the placing of public house toilets inside the buildings and the greatly increased number of travellers through the district.

The two urinals at present in use are regularly cleansed and kept as clean as possible but the age of the property, together with continued damage and abuse by some members of the public makes it impracticable to keep them in satisfactory condition and they will in the near future either have to be extensively repaired or demolished.

Cleansing.

The cleansing of the department is carried out by direct labour, the staff of sixteen not having altered since last year. Up to October the frequency of collections varied from 8 — 12 day intervals with an average of 10 days, with further delays at holiday times and during very bad weather. During this month the Council adopted for a trial period a bonus scheme in an effort to overcome the staff difficulties which could be foreseen when three men were due to retire early in 1966, and during the holiday periods and times of sickness

The scheme worked very well and from the date of its introduction the collections were brought on to a seven day rate and have been maintained at this since. Only at Bank Holiday times when the whole of the department is closed is there any variation in this collection rate and even then things are back to normal within a week or so. It is estimated that the extra bonus payments made are covered by staff savings and by transfers, etc., and there is also a great increase in output per man per day. In spite of the seven day collection now in being the bins appear to be as full as ever and more refuse being produced.

The 40 hour working week is to be introduced in early 1966 and it is anticipated that no further staff will be

required as this can be overcome by adjustment to the bonus scheme.

The three S & D fore and after tipper machines are still in operation on refuse collections and are still giving satisfactory service although it will be necessary during next year for a new one to be purchased to replace the oldest of these, which was purchased in 1953. It has only been possible to keep this machine on the road by using spares from the old vehicle purchased from a neighbouring authority.

Tipping and disposal of refuse is still concentrated at Ferry Lane where a playing field is to be made eventually. There is still a good supply of foundry sand available for covering and by use of this and the Bristol tractor the old dread of tip fires has been removed and the damage to vehicle tyres greatly reduced. There is also a good supply of soil on the land to be tipped on and it is hoped that the majority of this can be recovered during next year before the tipping reaches that area.

No complaints have been received during the year concerning the condition of the tip and there has been no re-occurrence of the cricket infestation which up to two years ago was a constant nuisance. There is only slight rat infestation of the tip and its surrounding area which are kept baited regularly.

The extensive roadside dumping of rubbish, and particularly garden refuse and old furniture, still causes trouble and work for the department. The offenders are very hard to catch and the amount of rubbish in itself is small, but the nuisance and unsightliness caused is out of all proportion to this.

The system of salvage collection has not been re-introduced during the year and whilst the income from this item is missing, it has helped to keep refuse collections within the limits mentioned.

The composition of refuse continues to become more and more bulky at the expense of ashes. This increase in bulk is the result chiefly of the modern practice of pre-packing of food and other domestic requirements and as far as can be ascertained it will continue to get worse in future years. In view of the success of the bonus scheme

the Council decided not to proceed with the paper sack method of refuse storage which had been contemplated.

Now in its 14th year, the scheme for the provision of dustbins as a charge on the rates has continued satisfactorily. During the year 200 defective dustbins were replaced. As a result of the scheme there are now no bad bins, with consequent improvement in the storage and collection of household refuse.

Animal Boarding Establishments Act, 1963.

We have three premises registered under this Act and all are in a satisfactory condition and well kept.

Noise Nuisance.

Since the passing of the Noise Abatement Act, 1960, people have become more conscious of noise from various sources, and whilst so far we have had no cases, where it was thought advisable to take action we have at least two cases of boiler houses where there are complaints from local residents.

Petroleum Spirit Stores.

23 licences for the storage of petroleum spirit are in force in the district, the quantity of spirit stored ranging from 25 gallons to 250,000 gallons.

Regular visits are made to these premises to ensure that the regulations and safety precautions have been complied with.

To meet the increased demand for petrol several of the garages have installed extra and larger storage tanks and the premises have been modernized.

Hairdressers.

There are 14 hairdressers registered under the West Riding (General Powers) Act, 1951, Section 120. We have no byelaws in force in the area. The premises are kept in a satisfactory and clean condition.

Miscellaneous Table.

Letters sent out ...	GENERAL ...	1,885
Informal notices ...	HOUSING ...	110

I remain, Gentlemen,

Your obedient Servant,

D. WALKER.

